



insurance done right

One Commercial Investment Holdings PTY LTD

Reg No: 1998/005199/07 Is a juristic representative of:

One Commercial Motor and Liability (Pty) Ltd. FSP: 8783

One Commercial Securities (Pty) Ltd. FSP: 20395

Underwritten by Absa Insurance Risk Management Services LTD and Absa Insurance Company LTD

Tel: 0861 266 562 Address: 54 Maxwell road, Woodmead North office park, Woodmead, Johannesburg
Postal address: Postnet suite 221 PrivateBag X75, Bryanston 2021 Web: www.one.za.com

MARINE GOODS IN TRANSIT PROPOSAL FORM

Client details

| | | | |
|---------------|--|---------|--|
| Client's Name | | CK No. | |
| Vat No. | | Email | |
| Telephone | | Address | |
| | | Code | |

Description of goods (please tick)

| | | | | | |
|----------------------|--------------------------|-------------------|--------------------------|-----------------------|--------------------------|
| Frozen Goods | <input type="checkbox"/> | Liquor / Beer | <input type="checkbox"/> | Electrical Appliances | <input type="checkbox"/> |
| Perishables | <input type="checkbox"/> | Clothing/Textiles | <input type="checkbox"/> | Hazardous Chemicals | <input type="checkbox"/> |
| Cigarettes / Tobacco | <input type="checkbox"/> | Fuel | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | | | | |

Territorial limits

| | | | |
|-------------------------------|--------------------------|----------|--------------------------|
| Republic of South Africa only | <input type="checkbox"/> | Zimbabwe | <input type="checkbox"/> |
| Botswana | <input type="checkbox"/> | Namibia | <input type="checkbox"/> |
| Swaziland | <input type="checkbox"/> | Malawi | <input type="checkbox"/> |
| Lesotho | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| | | | |

Haulage Income

| | |
|---------------------------------------|---|
| Actual Haulage Fees (over past years) | R |
| Estimated Annual Haulage Fees | R |

Limits Required

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Maximum Any one Carry | R | | | |
| Maximum Any one Conveyance | R | | | |
| SASRIA Required | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Do you require Carriers Liability? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If so, please advise limit required(if different to GIT limit) | R | | | |

Vehicles

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| Fully enclosed | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Refrigerated | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Insulated | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| Own Vehicle, Hired or Leased | | | | |
| No. of vehicles in use | | | | |
| Please list Vehicle Registration Nos. or attach list | | | | |
| | | | | |

MARINE GOODS IN TRANSIT PROPOSAL FORM

Driver details

| | |
|--|--|
| How many people are in the cab for each transit? | |
| What pre-employment investigations are carried out for drivers, crews? | |

Cover required

| | | | | |
|--|-----|--|----|--|
| ALL Risks | Yes | | No | |
| Fire, collision, Overturning & Theft Following | Yes | | No | |
| Hijacking | Yes | | No | |
| Debris Removal | Yes | | No | |

Claims experience

| | | | |
|------------------------------------|--|--|--|
| Existing Insurer | | | |
| Previous Insurer | | | |
| Please provide full claims History | | | |
| | | | |
| | | | |

Declaration

I hereby declare that to the best of my knowledge and belief, the particulars and answers are true and correct and that I have not withheld any information which is likely to influence the decision of the Company with regard to this proposal.

Signing this form does not bind the Proposer to complete the insurance but it is agreed that this form shall be the basis of the contract should a policy be issued. No liability attaches to the Company until this proposal has been accepted.

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed By: _____

Capacity: _____

Signature: _____ Tel: _____